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03000 7590 01/16/2004

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 12TH FLOOR, SEVEN PENN CENTER
 1635 MARKET STREET
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Scott M. Slomowitz, Esq. (Depositor's name)
 (Signature)
 March 9, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/973,639	10/09/2001	Kenneth Kensey	V1025/20114	7384

TITLE OF INVENTION: DUAL RISER/SINGLE CAPILLARY VISCOMETER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	04/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROGERS, DAVID A	2856	073-054040

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Caesar, Rivise,
 2 Bernstein, Cohen &
 3 Pokotilow, Ltd.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Rheologics, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Exton, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature) Scott M. Slomowitz (Date) March 9, 2004

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 02 FC:1504 300.00 DA